

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Recchia for Congress

ADDRESS (number and street)

172 Gravesend Neck Road



Check if different than previously reported. (ACC)

Brooklyn

NY

11223

2. FEC IDENTIFICATION NUMBER ▼

C

C00542266

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

NY

11

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2015

through

M M / D D / Y Y Y Y

03 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Carol Moore

Signature of Treasurer Ms. Carol Moore

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 15 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Recchia for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	328.00	413032.86
(b) Total Contribution Refunds (from Line 20(d))	78.00	6278.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	250.00	406754.86
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5013.38	2454971.90
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	201.56
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	5013.38	2454770.34
8. Cash on Hand at Close of Reporting Period (from Line 27).....	20250.52	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 16

Write or Type Committee Name

Recchia for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	5

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

250.00

535.55

(ii) Unitemized.....

78.00

841.42

(iii) TOTAL of contributions from individuals ▶

328.00

1376.97

(b) Political Party Committees.....

0.00

9575.89

(c) Other Political Committees (such as PACs).....

0.00

402080.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

328.00

413032.86

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.)

0.00

201.56

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

15005.24

39751.39

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

15333.24

452985.81

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 16

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5013.38	2454971.90
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	78.00	6278.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	78.00	6278.00
21. OTHER DISBURSEMENTS	0.00	13500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	5091.38	2474749.90

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	10008.66
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	15333.24
25. SUBTOTAL (add Line 23 and Line 24).....	25341.90
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5091.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	20250.52

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Recchia for Congress

Full Name (Last, First, Middle Initial)

Catherine Paradiso

Mailing Address 188 Lawrence Ave

City

Staten Island

State

NY

Zip Code

10310-3051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advantage Care PhysiciansOccupation
Physician

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2015

Transaction ID : VN8CEDP6748

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 16

☐ 11a ☐ 11b ☐ 11c ☐ 11d ☒ 15

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NAME OF COMMITTEE (In Full)
Recchia for Congress

Full Name (Last, First, Middle Initial) 109, LLC		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 05 / 2015
Mailing Address 6 Upton St		Transaction ID : VN8CEDP51K5
City Staten Island	State NY	
Zip Code 10304-3108		Amount of Each Receipt this Period 3000.00
FEC ID number of contributing federal political committee. C	Occupation	Security Deposit Returned
Name of Employer	Election Cycle-to-Date 3000.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) New Blue Interactive LLC		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 18 / 2015
Mailing Address 4906 Glen Cove Pkwy		Transaction ID : VN8CEDP51T1
City Bethesda	State MD	
Zip Code 20816-3006		Amount of Each Receipt this Period 7000.00
FEC ID number of contributing federal political committee. C	Occupation	Purchase of Email List
Name of Employer	Election Cycle-to-Date 7000.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Northfield Bank		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 30 / 2015
Mailing Address 581 Main St Ste 810		Transaction ID : VN8CEDP51Q7
City Woodbridge	State NJ	
Zip Code 07095-1144		Amount of Each Receipt this Period 1.77
FEC ID number of contributing federal political committee. C	Occupation	
Name of Employer	Election Cycle-to-Date 2423.98	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	10001.77
TOTAL This Period (last page this line number only)	

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA15
Transaction ID : VN8CEDP51T1

Email list has an ascertainable fair market value, was sold at the usual and normal charge in a bona fide, arm?s
length transaction, and is being used in a commercially reasonable manner (A.O. 2002-14).

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 16

☐ 11a ☐ 11b ☐ 11c ☐ 11d ☒ 15

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NAME OF COMMITTEE (In Full)
Recchia for Congress

A. Full Name (Last, First, Middle Initial) Northfield Bank		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 27 / 2015	
Mailing Address 581 Main St Ste 810		Transaction ID : VN8CEDP5JJ5	
City Woodbridge	State NJ	Zip Code 07095-1144	Amount of Each Receipt this Period 1.14
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2425.12		
B. Full Name (Last, First, Middle Initial) Northfield Bank		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015	
Mailing Address 581 Main St Ste 810		Transaction ID : VN8CEDP51W7	
City Woodbridge	State NJ	Zip Code 07095-1144	Amount of Each Receipt this Period 2.30
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2427.42		
C. Full Name (Last, First, Middle Initial) VINNIE FOR CONGRESS		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2015	
Mailing Address 8901 Shore Rd Apt 7E		Transaction ID : VN8CEDP51V9	
City Brooklyn	State NY	Zip Code 11209-5425	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C C00573675			
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		
SUBTOTAL of Receipts This Page (optional).....		5003.44	
TOTAL This Period (last page this line number only).....		15005.21	

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SA15

Transaction ID : VN8CEDP51V9

Email list has an ascertainable fair market value, was sold at the usual and normal charge in a bona fide, arm's length transaction, and is being used in a commercially reasonable manner (A.O. 2002-14). Note that fair market value was ascertained at \$7,000 and Recchia for Congress has given a \$2,000 discount/in-kind contribution to this Committee

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Recchia for Congress

Full Name (Last, First, Middle Initial)

A. FirstData Merchant BankMailing Address 5565 Glenridge Connector NE
Ste 2000

City Atlanta State GA Zip Code 30342-4799

Purpose of Disbursement
Credit Card Processing Fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
01	05	2015

Amount of Each Disbursement this Period

19.95

Transaction ID : VN7D69YP1V8

B. FirstData Merchant BankMailing Address 5565 Glenridge Connector NE
Ste 2000

City Atlanta State GA Zip Code 30342-4799

Purpose of Disbursement
Credit Card Processing Fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
01	05	2015

Amount of Each Disbursement this Period

19.95

Transaction ID : VN7D69YP1W6

c. FirstData Merchant BankMailing Address 5565 Glenridge Connector NE
Ste 2000

City Atlanta State GA Zip Code 30342-4799

Purpose of Disbursement
Credit Card Processing Fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
02	03	2015

Amount of Each Disbursement this Period

13.04

Transaction ID : VN7D69YP257

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

52.94

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Recchia for Congress

Full Name (Last, First, Middle Initial)

A. FirstData Merchant BankMailing Address 5565 Glenridge Connector NE
Ste 2000

City Atlanta State GA Zip Code 30342-4799

Purpose of Disbursement
Credit Card Processing Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
02	03	2015

Amount of Each Disbursement this Period

21.57

Transaction ID : VN7D69YP265

B. FirstData Merchant BankMailing Address 5565 Glenridge Connector NE
Ste 2000

City Atlanta State GA Zip Code 30342-4799

Purpose of Disbursement
Credit Card Processing Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
02	03	2015

Amount of Each Disbursement this Period

147.74

Transaction ID : VN7D69YP273

C. FirstData Merchant BankMailing Address 5565 Glenridge Connector NE
Ste 2000

City Atlanta State GA Zip Code 30342-4799

Purpose of Disbursement
Credit Card Processing Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
03	03	2015

Amount of Each Disbursement this Period

0.03

Transaction ID : VN7D69YP2A6

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

169.34

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Recchia for Congress

Full Name (Last, First, Middle Initial)

A. FirstData Merchant BankMailing Address 5565 Glenridge Connector NE
Ste 2000

City Atlanta State GA Zip Code 30342-4799

Purpose of Disbursement
Credit Card Processing Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2015

Amount of Each Disbursement this Period

19.95

Transaction ID : VN7D69YP2B4

B. FirstData Merchant BankMailing Address 5565 Glenridge Connector NE
Ste 2000

City Atlanta State GA Zip Code 30342-4799

Purpose of Disbursement
Credit Card Processing Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2015

Amount of Each Disbursement this Period

21.95

Transaction ID : VN7D69YP2D0

c. Gargiulo's Restaurant

Mailing Address 2911 W 15th St

City Brooklyn State NY Zip Code 11224-2603

Purpose of Disbursement
Fundraiser food & beverage

007

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		21		2015

Amount of Each Disbursement this Period

2970.00

Transaction ID : VN7D69YP223

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3011.90

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Recchia for Congress

Full Name (Last, First, Middle Initial)

A. NGP Van, Inc.Mailing Address 1101 5th St NW
Ste 500

City Washington State DC Zip Code 20001-3730

Purpose of Disbursement
Fee for Compliance/Engagement Web Services

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	D D	Y Y Y Y
03	30	2015

Amount of Each Disbursement this Period

750.00

Transaction ID : VN7D69YP2V1

B. NGP Van, Inc.Mailing Address 1101 5th St NW
Ste 500

City Washington State DC Zip Code 20001-3730

Purpose of Disbursement
Fee for Compliance

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	D D	Y Y Y Y
03	30	2015

Amount of Each Disbursement this Period

250.00

Transaction ID : VN7D69YP2X6

c. NYC Department of FinanceMailing Address 1 Centre St
Fl 22

City New York State NY Zip Code 10007-1602

Purpose of Disbursement
Volunteer's Parking Violation

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	D D	Y Y Y Y
02	12	2015

Amount of Each Disbursement this Period

45.00

Transaction ID : VN7D69YPN16

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1045.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Recchia for Congress

Full Name (Last, First, Middle Initial)

A. NYC Department of FinanceMailing Address 1 Centre St
FI 22City State Zip Code
New York NY 10007-1602Purpose of Disbursement
Volunteer's Parking Violation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		12		2015

Amount of Each Disbursement this Period

125.00

Transaction ID : VN7D69YQ425

B. NYC Department of FinanceMailing Address 1 Centre St
FI 22City State Zip Code
New York NY 10007-1602Purpose of Disbursement
Volunteer's Parking Violation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		12		2015

Amount of Each Disbursement this Period

50.00

Transaction ID : VN7D69YQ433

c. Paychex, Inc.Mailing Address 1551 S Washington Ave
Ste 200City State Zip Code
Piscataway NJ 08854-6700Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		21		2015

Amount of Each Disbursement this Period

559.20

Transaction ID : VN7D69YP207

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

734.20

5013.38

FOR LINE NUMBER:
(check only one)

	17		18		19a		19b
	20a		20b		20c	X	21

Recchia for Congress

A. VINNIE FOR CONGRESS

Date of Disbursement

Amount of Each Disbursement this Period

2000.00

Candidate Name
VINCENT GENTILE

Category/
Type

Transaction ID : VN7D69YP2T3

[MEMO ITEM]

Office Sought:	<input checked="" type="checkbox"/> House	Disbursement For: 2014
	<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)

State: NY District: 11

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

City _____ State _____ Zip Code _____

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate NameCategory/
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify)	
	<input type="checkbox"/> President			

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

MM / DD / YY

City	State	Zip Code
------	-------	----------

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify)	
	<input type="checkbox"/> President			

State: District:

SUBTOTAL of Disbursements This Page (optional).....

0.00

TOTAL This Period (last page this line number only)

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SB21

Transaction ID : VN7D69YP2T3

Email list purchased from Recchia for Congress at a discounted rate. See Transaction ID VN8CEDP51V9 for the corresponding sale.

Form/Schedule:

Transaction ID: